

**EVEN SOME BUSINESS LEADERS WHO NORMALLY CRINGE AT THE
THOUGHT OF GOVERNMENT INTERVENTION OR REGULATION
FIND THEMSELVES CALLING FOR A SYSTEM OF NATIONAL
HEALTH CARE AS A SOLUTION TO RISING INSURANCE COSTS.**



**A SURPRISING AND VERY SIGNIFICANT EVENT TOOK PLACE AT
THE BEGINNING OF LAST SUMMER.**

**TWO GROUPS, UNLIKELY PARTNERS IN THIS SORT OF ISSUE,
EACH CALLED FOR A NATIONAL HEALTH SERVICE.
THE FIRST WAS ONE OF THE MAJOR AUTOMOBILE
MANUFACTURERS,
AND THE OTHER WAS THE HERITAGE FOUNDATION, A MOST
CONSERVATIVE BODY.**

**RECENTLY I'VE NOTICED A STRANGE INTEREST IN THE CANADIAN
SYSTEM.**

**EVERYWHERE I GO PEOPLE SAY TO ME, "WE NEED THE CANADIAN
SYSTEM." SO I SAY, "TELL ME, WHAT IS IT YOU LIKE ABOUT THE
CANADIAN SYSTEM.?"**

**THEY ALWAYS ANSWER, "I DON'T REALLY KNOW, BUT IT'S A GOOD
SYSTEM."**

THE GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH SERVICES IS BASED MORE UPON DISSATISFACTION WITH OUR SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE. MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.

**EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN
GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH,
THEY PROVE --IN TIME-- TO BE DETRIMENTAL. EVENTUALLY
THERE IS AN EROSION OF QUALITY, PRODUCTIVITY, INNOVATION,
AND CREATIVITY. THIS IS ESPECIALLY TRUE OF RESEARCH.
THEN, LACK OF RESPONSIVENESS TO PATIENTS. FINALLY,
RATIONING AND WAITING IN LINES.**

**AMERICANS DO NOT PATIENTLY QUE UP FOR ANYTHING,
ESPECIALLY FOR MEDICAL CARE.**

**THE MAJORITY HAS BECOME ACCUSTOMED TO AVAILABLE CARE,
IF NOT ACCESSIBLE CARE.**



AND WE DESIRE PERSONAL CARE.

**NOW, IT MAY NOT BE POSSIBLE TO HAVE THE SAME PERSONAL
RELATIONSHIP BETWEEN DOCTORS AND PATIENTS THAT OUR
GRANDPARENTS HAD.**

I STUDIED THE CAN. SYSTEM IN RE MY

TV. SERIES

I CAN PHYSICIAN GOT IT WITH

I worked for the National Health Service
in England for 7 years and came here
because I thought the Can system was
better. Now the UK NHS is a shambles,
and the Can. system is crumbling
and falling in its footsteps.
Why would you ever look at
the Canadian system.

**TODAY, URBAN PEOPLE, ESPECIALLY, RELY UPON EMERGENCY
ROOM CARE AND GROUP PRACTICES, AND THE EFFICIENCY THEY
BRING HAVE COME AT THE COST OF THAT PERSONAL
RELATIONSHIP.**

**BUT, WE CAN DO A LOT TO RESTORE THE DOCTOR-PATIENT
RELATIONSHIP, A RELATIONSHIP THAT IS UNFORTUNATELY
BECOMING CHANGED TO A PROVIDER-CONSUMER RELATIONSHIP.**

**I REALIZE THAT THERE ARE SOME BUILT-IN PROBLEMS. PEOPLE
AREN'T HAPPY ABOUT BEING ILL, NEEDING TO GO TO A
PHYSICIAN.**

**HAVING TO PAY A HIGH PRICE FOR IT MAKES IT EVEN MORE
UNPLEASANT.**

**BUT WE NEED TO SUBORDINATE THE ECONOMIC ASPECT OF THE
RELATIONSHIP TO THE CLIMATE OF TRUST BETWEEN THE
DOCTOR AND THE PATIENT.**

**IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A
CONSUMER, GETTING THE MOST FOR HIS MONEY, SHOPPING
AROUND FOR A DOCTOR WHO CHARGES \$5 LESS FOR AN OFFICE
VISIT, HE AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF
THE SELLER, GETTING THE MOST FOR HIS SERVICES.**

**IF THE DOCTOR IS PRIMARILY CONCERNED ABOUT COLLECTING
HIS FEE, HE AUTOMATICALLY AROUSES THE CONSUMER
MENTALITY IN HIS PATIENT. WE CAN'T HAVE PATIENTS
WONDERING IF THEIR TREATMENT IS DETERMINED BY THE
DOCTORS FINANCES.**

WE ALSO NEED TO REFORM THE MALPRACTICE MESS, THE TORTURED TORT SYSTEM THAT FORCES DOCTORS AND PATIENTS TO VIEW EACH OTHER AS LEGAL ADVERSARIES. WE CAN'T HAVE DOCTORS WONDERING IF THEY'LL NEXT SEE THEIR PATIENTS IN COURT, FLANKED BY THEIR LAWYERS.

WE NEED TO GET PAST THE STAND-OFF BETWEEN DOCTORS AND LAWYERS.

**I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD
PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED
TO HAVE.**

IT CAN BE RESTORED.

**BUT IT WILL TAKE COMMITMENT BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

**BUT IF WE DON'T OFFER SOMETHING BETTER, WE WILL GET A
GOVERNMENT CONTROLLED MEDICAL SYSTEM, AND LOSE
FOREVER THE PRESENT POTENTIAL FOR THE BEST SYSTEM
POSSIBLE.**

**THE FALLACY OF ECONOMIC CONTROLS IS THAT THEY ATTEMPT
TO FORCE CHANGE AND REORGANIZATION AGAINST THE WILL OF
THOSE PROVIDING HEALTH CARE. IT IS NOT IN THEIR INTEREST,
AS THEY SEE IT, BECAUSE THE MORE INEFFICIENT PROVIDER,
THE MORE REVENUE, REGARDLESS OF HEALTH PRODUCED, OR
NOT PRODUCED.**

**WE ARE IN A PERIOD OF TIGHT FINANCIAL CONSTRAINTS, AND IF
YOU READ THE LIPS OF THE PRESIDENT -- NO NEW TAXES.**

**IF THAT WERE NOT SO, I THINK WE'D HAVE A GOVERNMENT-
CONTROLLED NATIONAL HEALTH SERVICE ALMOST
IMMEDIATELY. THAT WOULD SEEM MARVELOUS AT THE
BEGINNING, BUT DISSATISFACTION WOULD COME UNTIL YOU
COULDN'T WAIT TO CHANGE IT AGAIN.**

**THERE IS A BETTER WAY, AND IT PREVENTS THE FURTHER
INTRUSION OF THE GOVERNMENT INTO THE DELIVERY OF
HEALTH CARE.**

**A MARKET-BASED STRATEGY MUST ADDRESS THE FORCES
DRIVING COSTS UPWARD WHILE AT THE SAME TIME ATTACKING
BARRIERS TO ACCESS.**

**WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME
TIME. AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL,
UNBRIDLED BY INFORMED PURCHASERS, MANY PEOPLE ARE
DENIED BASIC PREVENTIVE AND PRIMARY CARE.**

Alphus Health Network

Improve Quality - Costs go down

I visited one hospital

Last year 8.1 % over previous year
This year 3.9 % less than previous year

**TWO THIRDS OF OUR POPULATION - ABOUT 160 MILLION
AMERICANS ARE COVERED BY EMPLOYER-PURCHASED HEALTH
INSURANCE. EMPLOYERS AND WORKERS TOGETHER MUST
IDENTIFY THE LEADERSHIP TO BRING HEALTHCARE COST UNDER
CONTROL.**

**SUCH A NATIONAL ALLIANCE HAS BEEN FORMED AND IS
GROWING. AS THIS REFORM IN THE PRIVATE SECTOR IS TAKING
PLACE THERE MUST BE FURTHER JOINING OF FORCES WITH
GOVERNMENT - AT FEDERAL AND STATE LEVELS - WHERE
MEDICARE AND MEDICAID ARE ADMINISTERED,IF WE ARE TO
RESTRUCTURE THE ENTIRE SYSTEM OF PURCHASING AND
PROVIDING HEALTHCARE.**

←

**NOT LONG AGO A COALITION OF BIG BUSINESS AND LABOR
UNIONS FORMED TO ADDRESS THIS PROBLEM.**

I THINK THAT THIS IS THE WRONG COALITION.

**THAT IS HOW WE GOT TO OUR CURRENT PROBLEMS OF
PROFLIGACY AND POOR CARE.**

**WORKERS WANT QUALITY HEALTH CARE, NOT A NATIONAL
HEALTH SERVICE.**

**EMPLOYERS WANT TO FURTHER ESCALATION OF HEALTH COSTS,
NOT A NATIONAL HEALTH SERVICE.**

**THE COALITION THAT NEEDS TO BE FORMED COMBINES
BUSINESS AND ORGANIZED HEALTH CARE. TOGETHER THEY CAN
FORGE THE ALLIANCE THAT REWARDS HIGH QUALITY AND HIGH
EFFICIENCY WITH MORE PATIENTS, RATHER THAN REWARDING
POOR QUALITY CARE WITH DOLLARS AS WE DO NOW.
BUSINESS AND MEDICINE HAVE THE MOST TO LOSE: POOR
QUALITY MARRIED TO GOVERNMENT CONTROL.**

**WE NEED TO COMMUNICATE BETTER ABOUT HIGH-QUALITY AND
EFFICIENT CARE. THEN THE PATIENTS WILL COME FROM THE
POOR QUALITY, INEFFICIENT SYSTEMS WHICH WILL HAVE TO
IMPROVE OR PERISH.**

**WE WILL NEED - AND THEY ARE BEING DEVELOPED - TOOLS TO
MEASURE MEDICAL NECESSITY, APPROPRIATENESS,
EFFECTIVENESS AND OF COURSE OUTCOMES. QUALITY, AND
EFFICIENCY ARE DIFFICULT IF NOT IMPOSSIBLE TO MEASURE.
BUT THEY ARE MORE IMPORTANT THAN MERE QUANTITY.**

**FOR THOSE WITHOUT ACCESS, THE GOAL IS UNIVERSAL
COVERAGE TO BE ACHIEVED THROUGH COMPREHENSIVE
REFORMS OF GOVERNMENT PROGRAMS FOR THE POOR AND
UNINSURED COMBINED WITH RISK POOLING. MEANWHILE
INTERIM STEPS INCLUDE MEDICAID EXPANSION, UNDER
EXISTING LAW, AND TAX INCENTIVES TO ENCOURAGE SMALL
BUSINESS INSURANCE COVERAGE. THESE LATTER ELEMENTS
ARE THE ONLY ONES THAT REQUIRE PUBLIC POLICY REFORMS.**

**ONE WAY TO GET THINGS MOVING IN THE RIGHT DIRECTION IS
THROUGH A PRESIDENTIAL COMMISSION.**

**I URGED THIS IN A PRIVATE CONVERSATION WITH THE
PRESIDENT IN AUGUST 1988, SEVERAL MONTHS BEFORE HIS
ELECTION,**

**AND I'VE MADE THE SAME SUGGESTION IN EDITORIALS IN
NEWSWEEK AND FROM MANY PLATFORMS AROUND THE
COUNTRY.**

**THIS IS THE BEST WAY TO GET ACTION, BECAUSE THE
CONGRESSIONAL MEMBERS OF A PRESIDENTIAL COMMISSION
WILL TAKE THE PLANS BACK TO CONGRESS FOR DISCUSSION, A
VOTE, AND THEN IMPLEMENTATION.**

THE OPPORTUNITY IS NOW.

THE TIME IS SHORT.

THE STAKES ARE HIGH.

THE ALTERNATIVES UNDESIRABLE.

**IT REMAINS TO BE SEEN WHETHER OR NOT THE PRIVATE SECTOR
SEIZES THIS ONE AND ONLY OPPORTUNITY, WE'LL SEE.**

WE ALL NEED TO BE A PART OF THE EFFORT.

BUT THERE IS NO QUICK FIX.

**FROM HERE TO THERE COULD TAKE A DECADE, BUT WE'D
IMPROVE YEAR BY YEAR ALONG THE WAY.**

choose: prevention ending, or international health ending, or both

**IN THE MEANTIME, EVERYDAY, ALL OF US WHO ARE PART OF THE
HEALTHCARE SYSTEM, ALL OF US WHO ARE PART OF AMERICAN
SOCIETY FIND OURSELVES IN THE MIDST OF A GREAT
REVOLUTION.**

**THIS REVOLUTION IS MORE IMPORTANT THAN THE NEEDED
REVOLUTION IN THE STRUCTURE OF HEALTH CARE OR IN THE
FINANCING OF HEALTH CARE.**

THIS REVOLUTION CHANGES EVERYDAY INDIVIDUAL BEHAVIOR.

**YOU ARE A PART OF THAT REVOLUTION, AND YOU'LL IMPROVE
THE HEALTH OF THE AMERICAN PEOPLE --AS WELL AS YOUR
OWN HEALTH-- IF YOU PLAY YOUR PART.**

TWO CONCEPTS FORM THE BASIS FOR THIS REVOLUTION.

**FIRST, YOUR HEALTH AND THE HEALTH OF THOSE WHO COME TO
YOU PROFESSIONALLY WILL DEPEND MOSTLY UPON THE
PREVENTION OF DISEASE AND DISABILITY AND THE PROMOTION
OF GOOD HEALTH.**